



TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711
oep@tdlr.texas.gov • www.tdlr.texas.gov

OFFENDER EDUCATION PROGRAM ANNUAL REPORT INSTRUCTIONS

An Offender Education Program/Provider must file an annual report for the time period beginning September 1 of each year and ending August 31 of the following year. In accordance with 16 Texas Administrative Code, Chapter 90 of the Offender Education Alcohol and Drug Related Offenses Administrative Rules the annual report is due September 15. Failure to submit the required Annual Report by the due date will result in your program being made inactive.

1. LEGAL NAME OF PROGRAM – Enter the legal name of the program. This is the name you will be licensed under.
2. PROGRAM CERTIFICATION NUMBER – Enter the Program Certification Number
3. OFFENDER EDUCATION PROGRAM – Indicate program application type. A separate annual report will need to be submitted for each license type.
4. PHYSICAL ADDRESS – Enter the program's physical address. This address is the actual business location and where permanent records must be kept for auditing and inspection purposes. A post office box or residential address is not acceptable for the physical address.
5. PROGRAM ADMINISTRATOR INFORMATION – Enter the name, telephone, number, and email address. Email addresses are a part of the key information required to transact business with TDLR.
6. PROGRAM NUMBERS – Enter information for the current reporting period. (September 1 thru August 31)
7. INSTRUCTOR INFORMATION – List all instructors, include number of courses conducted and license number.
8. CERTIFICATION STATEMENT – Report must be signed by the owner, officer or other authorized representative. You must print your name, sign and date the report.

Your completed Annual Report and attachments may be sent via email to oep@tdlr.texas.gov or sent via fax to (512) 767-6829.

Keep a copy of your completed Annual Report.

For additional information and questions, please visit the Texas Department of Licensing & Regulation website at <https://www.tdlr.texas.gov> or reach Customer Service via webform where you can submit your request for assistance and include attachments as needed at <https://www.tdlr.texas.gov/help>. Customer Service can also be reached at (800) 803-9202 [in state only], (512) 463-6599, Relay Texas-TDD: (800) 735-2989 or Fax: (512) 463-9468. Customer Service Representatives are available Monday through Friday 7:00 a.m. until 6:00 p.m. Central Time (excluding holidays).



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OFFENDER EDUCATION PROGRAM ANNUAL REPORT

1. Legal Name of Program: _____	2. Program Certification Number: _____															
3. Offender Education Program: (check one program - submit a separate Annual Report for each program type.) <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Alcohol Education Program for Minors</div><div><input type="checkbox"/> Drug Offender Education Program</div></div> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> DWI Education Program</div><div><input type="checkbox"/> DWI Intervention Program</div></div>																
4. Program Physical Address: <div style="display: flex; justify-content: space-between;"><div>Number, Street Name, Suite Number/Building Number</div><div>City, State, Zip Code</div></div> <div>_____</div> <div>County _____</div>																
5. Program Administrator Information: <div>Name _____</div> <div style="display: flex; justify-content: space-between;"><div>Number, Street Name, Suite Number/Apartment Number</div><div>City, State, Zip Code</div></div> <div style="display: flex; justify-content: space-between;"><div>Phone Number _____</div><div>Email Address _____</div></div>																
6. Program Numbers: <div style="display: flex; justify-content: space-between;"><div>Course Participants: _____</div><div>Successful Course Participants: _____</div></div> <div style="display: flex; justify-content: space-between;"><div>Courses Conducted: _____</div><div>Courses offered in Spanish: _____</div></div> <div style="display: flex; justify-content: space-between;"><div>Average percent of Knowledge Increase (Not required for DWI): _____</div><div>Percent of Total Participants Indicating Significant Substance Abuse problems (Not required for AEPM): _____</div></div> <p>PLEASE NOTE: Attach a list of all participants driver's license numbers of all participants, or, in the absence of a driver's license number, the date of birth of each participant that has completed the course.</p>																
7. Instructor Information: <table style="width: 100%; border-collapse: collapse;"><tr><td style="width: 50%; border-bottom: 1px solid black;">Instructor Name</td><td style="width: 20%; border-bottom: 1px solid black;">Number of Courses Conducted</td><td style="width: 30%; border-bottom: 1px solid black;">License Number</td></tr><tr><td style="border-bottom: 1px solid black;">Instructor Name</td><td style="border-bottom: 1px solid black;">Number of Courses Conducted</td><td style="border-bottom: 1px solid black;">License Number</td></tr><tr><td style="border-bottom: 1px solid black;">Instructor Name</td><td style="border-bottom: 1px solid black;">Number of Courses Conducted</td><td style="border-bottom: 1px solid black;">License Number</td></tr><tr><td style="border-bottom: 1px solid black;">Instructor Name</td><td style="border-bottom: 1px solid black;">Number of Courses Conducted</td><td style="border-bottom: 1px solid black;">License Number</td></tr><tr><td style="border-bottom: 1px solid black;">Instructor Name</td><td style="border-bottom: 1px solid black;">Number of Courses Conducted</td><td style="border-bottom: 1px solid black;">License Number</td></tr></table>		Instructor Name	Number of Courses Conducted	License Number	Instructor Name	Number of Courses Conducted	License Number	Instructor Name	Number of Courses Conducted	License Number	Instructor Name	Number of Courses Conducted	License Number	Instructor Name	Number of Courses Conducted	License Number
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Additional Instructor Information (If needed):

Instructor Name

Number of Courses Conducted

License Number

Instructor Name

Number of Courses Conducted

License Number

Instructor Name

Number of Courses Conducted

License Number

Instructor Name

Number of Courses Conducted

License Number

Instructor Name

Number of Courses Conducted

License Number

8.

CERTIFICATION STATEMENT

By signing this application I certify that all information submitted on this Annual Report application is true and accurate. I certify that I will comply with all applicable rules of the Texas Department of Licensing & Regulation (16 Texas Administrative Code, Chapter 90). I understand that providing false information on this Annual Report and all attachments may result in the imposition of administrative penalties.

Signature of Owner, Officer, or Authorized Representative

Date Signed

Printed Name of Owner, Officer, or Authorized Representative

Title